



## **Mental Health Services Utilization in the Healthy Families Program 2010-11 Benefit Year**



**California Managed Risk Medical Insurance Board  
Benefits and Quality Monitoring Division**



## Healthy Families Program (HFP)

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*MRMIB provides and promotes access to affordable coverage for comprehensive, high quality, and cost effective health care services to improve the health of Californians.*

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### Introduction

The Mental Health Utilization Report for the Healthy Families Program (HFP) presents information on the mental health services provided to HFP children from October 1, 2010 through September 30, 2011 (the 2010-11 benefit year). This includes services provided by the contracted health plans and by the County Mental Health Departments for children with a Seriously Emotionally Disturbed (SED) condition.

Each benefit year, the contracted health plans report to MRMIB on the number of children that received mental health services from the plan and the number of referrals made by the plan, providers or the plan contractors to the County Mental Health Departments for a SED assessment and the referral status. In addition, the Department of Health Care Services (DHCS) provides information on the number of children treated for a SED condition, the ages of the children treated, the associated expenditures, and the expenditures by service type.

MRMIB uses this information to monitor plan referrals and track trends in cost and services to ensure HFP children are receiving medically necessary mental health services.

### Background

The contracted health plans provide coverage for the diagnosis and medically necessary treatment of mental health conditions, including Severe Mental Illness (SMI) conditions such as schizophrenia, schizoaffective disorder, bipolar disorder, obsessive compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, and bulimia nervosa. Health plans are required to refer children to the County Mental Health Department for an assessment if the plan believes the child has a SED condition.

Once a child is determined by the county to have a SED condition, the County Mental Health Departments provide mental health

services and treatment for the SED condition, this is known as the “SED carve out.” The child's HFP health plan continues to be responsible for providing health and mental health benefits for non-SED conditions.

### Key Findings

Analysis of data submitted by the health plans and DHCS revealed several key findings, which are highlighted below.

- ❖ In 2010-11, the health plans provided mental health services to 23,985 children, or nearly three percent (2.8%), of all enrolled children. This was a slight increase from the prior two years when approximately two percent of enrolled children received mental health services.
- ❖ While state and national studies indicate that as many as one in four children under the age of nineteen need mental health services, the number of HFP children receiving services is well below this estimate.
- ❖ Four plans, Anthem Blue Cross, Community Health Group, Inland Empire Health Plan and Kaiser Foundation Health Plan, provided mental health services to more than three percent of their HFP children.
- ❖ During the 2010-11 benefit year, 2,170 children were referred to the County Mental Health Departments for assessment of a SED condition, nearly the same as in 2009-10.
- ❖ A little over half (51.4%) of the referrals came from the health plans, providers or plan contractors. The remainder came from other sources, including juvenile justice systems, schools, or self-referrals.
- ❖ The County Mental Health Departments approved nearly three-quarters (73.3%) of the referrals. This is a significant increase from the prior year when 60 percent were approved.
- ❖ During the 2010-11 benefit year, 8,388 children ages 18 and

younger, or less than one percent of enrolled children, received services for a SED condition.

- ❖ The majority of children receiving mental health services from the plans and from the counties for a SED condition were over the age of nine.
- ❖ Total expenditures for children receiving treatment for a SED condition continued to decline from a high of \$40 million in 2008-09 to \$29 million in 2010-11. However, the average cost per case was \$3,427, a slight increase from 2009-10 when the average cost was \$3,360.
- ❖ Mental health services, which include assessment, evaluation, therapy and rehabilitation, accounted for over three-quarters (76.8%) of total expenditures.
- ❖ The average cost per case was \$3,427, comparable to 2009-10 when the average cost was \$3,360.

### Conclusion

Overall, HFP plans and the County Mental Health Departments continue to address the mental health needs of HFP subscribers. However, recent reports indicate that the number of children in California that have a need for mental health services is far greater than the number of children receiving services in HFP. MRMIB will continue to monitor the delivery of mental health services to ensure all children are receiving medically necessary care and treatment and appropriate referrals for SED conditions.

The 2012-13 California State budget included a provision to transfer most HFP children to Medi-Cal beginning no sooner than January 1, 2013. Under the current Medi-Cal structure, mental health services are largely provided by the counties. This means that the nearly 24,000 children who received services from their health plan are likely to have much of their care transferred to the County Mental Health Department or fee-for-service Medi-Cal mental health providers once they are transitioned to Medi-Cal.

### Health Plan Provided Mental Health Services

Health plans provide coverage for the diagnosis and medically-necessary treatment of mental health conditions, including SMI. SMI includes schizophrenia, schizoaffective disorder, bipolar disorder, obsessive compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, and bulimia nervosa. There are no limits on the number of outpatient or inpatient services provided to treat SMIs. Members pay a \$5 or \$10 co-payment for outpatient services and there is no charge for inpatient services.

In 2008, MRMIB contracted with APS Healthcare, Inc. (APS) and San Jose State University to look at the mental health and substance abuse services provided by HFP plans. The study found that the most typical mental health diagnosis among HFP children was Attention Deficit Hyperactivity Disorder (ADHD) followed by Depressive Disorders and Anxiety Disorders.<sup>1</sup>

The health plans provide mental health services in a variety of ways, including through:

- Mental health providers in the plan's network;
- External organizations, such as a managed behavioral health organizations;
- Local mental health agencies; or,
- Kaiser Foundation Health Plan provides all mental health services within Kaiser's system.

### County Mental Health Department Provided Services (The SED "Carve Out")

County Mental Health Departments provide mental health services and treatment for HFP children with a SED condition. Statutes and

Regulations<sup>2</sup> governing the HFP program require that HFP contracted plans refer a child to the County Mental Health Department if the plan suspects the child has a SED condition.

A SED condition includes one or all of the following:

- The child has substantial impairment in self-care, school functioning, family relationships or the ability to function in the community and is at risk of removal from the home or has been removed and/or the impairments have been present for more than six months and are likely to continue for more than a year.
- The child displays psychotic features and there is a risk of suicide or violence.
- The child meets special education eligibility requirements.

Once the plan refers a child to the county, the county conducts an assessment to determine if the child has a SED condition. County assessments for SED are to be completed within five working days from the date of referral for children already receiving inpatient services from their HFP health plan, and no later than 30 calendar days from the date of referral in all other cases, provided that the referral information is complete.

If the child is determined by the county to have a SED condition, the county will provide services and care associated with the child's SED condition. The child's HFP health plan continues to be responsible for providing health and mental health benefits for non-SED conditions.

### Coordination Between County Mental Health Departments and HFP Health Plans

#### Memorandum of Understanding (MOU) Requirement

HFP health plans are required to develop a MOU for referral of

<sup>1</sup> APS Healthcare, Inc. and San Jose State University (September 2010). *Mental Health and Substance Abuse Services Provided by Health Plans Participating in the Healthy Families Program*.

<sup>2</sup> California Insurance Code Section 12693 et.seq. and Title 10 of the California Code of Regulations.



children to the county mental health department in each county in which the plan serves HFP children. The purpose of the MOU is to facilitate the coordination of services for children referred for a SED assessment.

The MOU includes the following elements:

- Referral Protocol;
- Consultation and Care Coordination;
- Medical Records and Exchange of Information;
- Provider Education;
- Health Plan Benefits for SED Children;
- Dispute Resolution Process; and,
- Plan and County Liaison Functions and Monitoring.

MRMIB has found that numerous county Mental Health Department staff are unaware of the MOU or its provisions, often due to staff turnover and lack of training. As a result, the MOU may not fully assure the delivery of necessary SED services.

### Resolution of Access Issues

MRMIB holds quarterly workgroup meetings to facilitate communication between MRMIB, DHCS, County Mental Health Departments, and HFP plans. The meetings also provide an opportunity to address and resolve issues related to SED referrals and the provision of mental health services.

In addition, MRMIB staff work to resolve problems reported by counties, plans, and parents of children enrolled in the HFP, including coordinating payment for prescription drugs, clarifying county and/or plan roles and responsibilities, educating parents regarding mental health benefits, and following up with the counties on SED determinations.

### Prescription Drug and Laboratory Services

HFP contracted health plans provide inpatient and outpatient mental health services, including prescription drugs, in compliance with the mental health parity provisions of the Knox-Keene Health Care Service Act of 1975 (Health and Safety Code §1374.72) with the exception of services to treat HFP children with SED, which are provided through the counties and reimbursed through the Short-Doyle Medi-Cal (SD/MC) claiming system. The MOU requires that county mental health departments provide medically-necessary outpatient medication and HFP contracted health plans provide inpatient and outpatient mental health services, including laboratory services that are part of the HFP child's outpatient treatment plan.

In this arrangement, the county's share of the cost is 35 percent and the federal government contributes the remaining 65 percent. However, there is no claiming mechanism currently in place in the SD/MC claiming system for reimbursing counties or retail pharmacies for the cost of HFP members' prescription drugs. Although the SD/MC claiming system does not allow counties to obtain reimbursement, we understand that some counties provide these services without reimbursement.

As a result, MRMIB has no data on the cost of prescription medications to treat children with SED conditions because the counties cannot claim, and therefore do not report, these costs.

### Kaiser's Delivery System

Throughout this report, you will notice that Kaiser Foundation Health Plan appears to provide one of the highest numbers of mental health services, but did not refer any children to the county for a SED assessment or treatment of a SED condition. Kaiser has an integrated structure in which its members receive treatment for SED conditions within the Kaiser system. Each medical center has a Psychiatry Department with psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists, medical social workers, psychiatric clinical nurse specialists, psychiatric nurse practitioners, and psychiatric nurses. Kaiser generally does



not refer children who may have a SED condition to the county mental health departments. Instead Kaiser uses specialized in-house health teams to serve children and adolescents.

### Need for Mental Health Services

Understanding how many children need mental health services, particularly those that may need treatment for a SED condition, can be challenging. However, several reports and briefs give insight into the number of children needing services:

- A report on the prevalence of Serious Mental Illness (SMI) rates in children under age 18 in California, estimates that nearly nine percent (8.9%) need treatment for SMI.<sup>3</sup>
- According to the 2009 California Health Interview Survey (CHIS), approximately 13 percent of teens indicated they needed help for emotional/mental health problems.<sup>4</sup>
- An Urban Institute review of literature and data sources on mental health for children estimates that over a quarter of children in the United States will have a serious mental health problem at some time during their childhood.<sup>5</sup>
- A brief by the National Center for Children in Poverty indicates that one in five children has a diagnosable mental disorder and one in ten has a serious mental health problem that impairs how they function at home and in school.<sup>6</sup>
- According to a recent national study on drug use and health, 2 million youth aged 12 to 17, or approximately 8

percent of this population, experienced a major depressive episode in the past year. The study also found that these young people had twice the rate of illicit drug use (36 percent) compared to those who did not have a depressive episode.<sup>7</sup>

### Other Quality Monitoring Activities

In addition to providing information on the number of children receiving mental health services and referrals for assessment of a SED condition, the HFP contracted health plans are required to report on a selection of Healthcare Effectiveness Data and Information Set (HEDIS) measures, including *Mental Health Utilization* and *Identification and Treatment of Alcohol and Other Drug Services*.

Both the HEDIS measures and the information provided by the health plans measure the number of HFP children receiving mental health services from the health plan. However, there are several differences. HEDIS data is collected for each calendar year and only children who are continuously enrolled in the plan for the majority of the year are included in this measure. The HEDIS results presented in Chart 1 and 2 are for the 2011 calendar year and only represent services provided to children ages 13 to 17. The information presented in Table 1, includes plan provided mental health services for the period of October 1, 2010 through September 30, 2011 and includes all children under the age of 19, regardless of the amount of time they were enrolled in the plan.

### Mental Health Utilization

The *Mental Health Utilization* measure evaluates the percentage of children who received inpatient mental health treatment, intensive outpatient mental health treatment, or outpatient mental health treatment, including emergency department visits. The health plans reported that 4.3% of children received mental health services in

<sup>3</sup> Charles Holzer, Ph.D., University of Texas, Medical Branch, as reported on the California Department of Mental Health website:

[http://www.dmh.ca.gov/Statistics\\_and\\_Data\\_Analysis/docs/Population\\_by\\_County/California.pdf](http://www.dmh.ca.gov/Statistics_and_Data_Analysis/docs/Population_by_County/California.pdf)

<sup>4</sup> Source: 2009 California Health Interview Survey.

<sup>5</sup> McMorro, Stacey & Howell, Embry (July 2010). *State Mental Health Systems for Children: A Review of the Literature and Available Data Sources*. Urban Institute.

<sup>6</sup> Stagman, Shannon & Cooper, Janice L. (April 2010). *Children's Mental Health: What Every Policymaker Should Know*. National Center for Children in Poverty.

<sup>7</sup> Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings*, NSDUH Series H-45, HHS Publication No. (SMA) 12-4725. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

2011. Individual plan rates are presented in the table on the following page.

### Substance Abuse Treatment

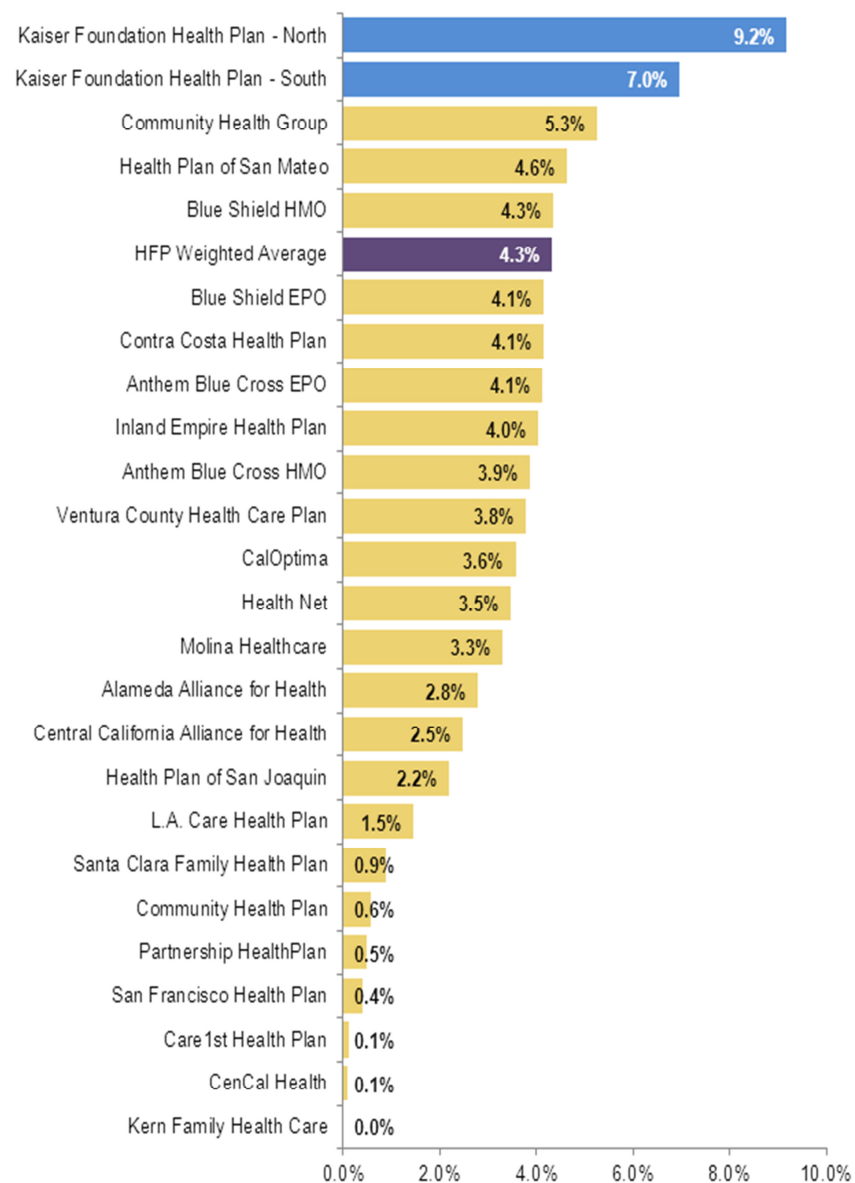
The need for mental health services/intervention and substance abuse often go together and early identification and treatment are necessary for good overall health. According to estimates from the National Survey on Drug Use and Health<sup>8</sup>, 11 percent of adolescents in California ages 12 to 17 reported use of an illicit drug in the month prior to the 2008-09 survey, while 4.75 percent of these children said they needed but did not receive treatment for illicit drug use. Past month alcohol use in this age group for California is 14 percent, and 8.5 percent of children ages 12 to 17 report binge drinking in the month prior to the survey. Nearly 5 percent of these 12 to 17 year-olds report needing, but not receiving, treatment for alcohol use. However, in 2011, less than one percent (0.9%) of HFP children ages 13 to 17 received alcohol or other drug treatment services, as indicated in the HEDIS measure, *Identification and Treatment of Alcohol and Other Drug Services*. The majority of these services were provided by Kaiser Foundation Health Plan. Individual plan rates are presented in the table on the following page.

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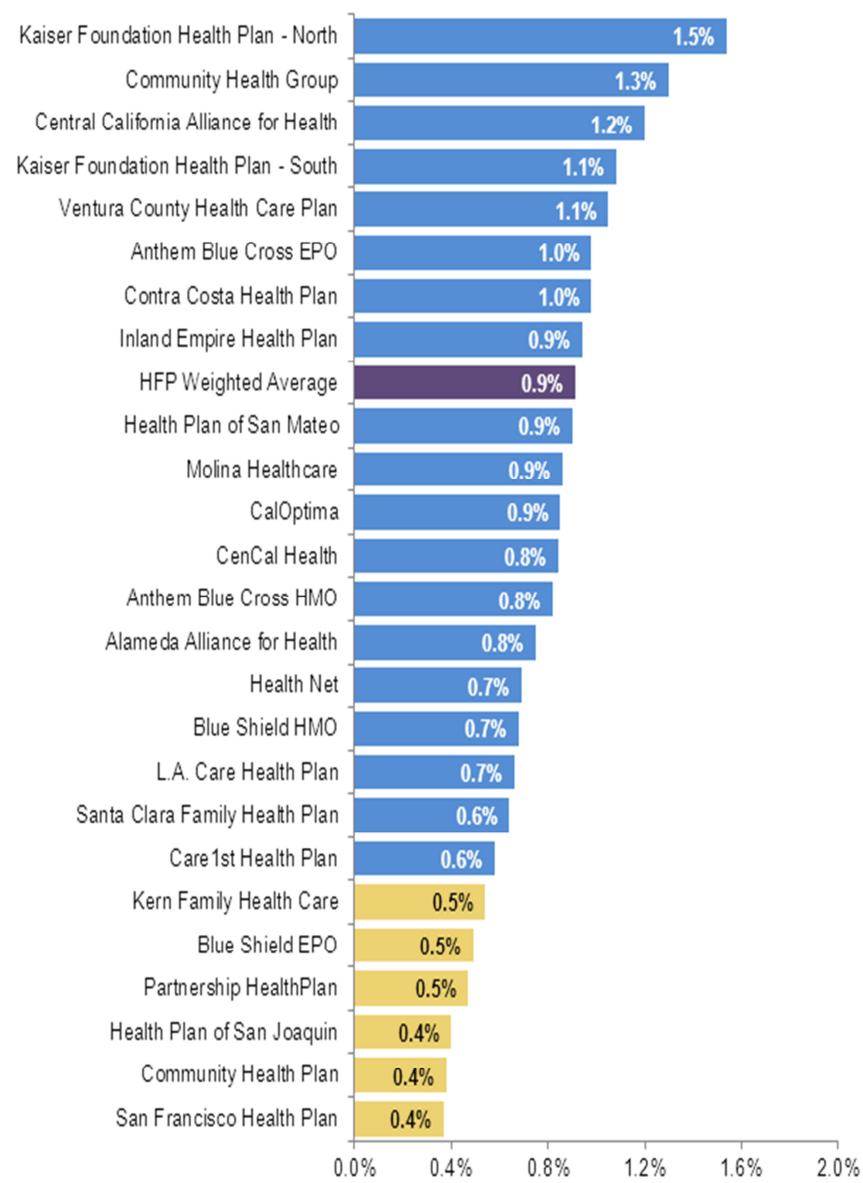
<sup>8</sup> Table 20 in <http://oas.samhsa.gov/2k9State/WebOnlyTables>

## The Provision of Mental Health Services

**Chart 1. 2011 HEDIS Results for *Mental Health Utilization*, Ages 13 to 17**



**Chart 2. 2011 HEDIS Results for *Identification and Treatment of Alcohol and Other Drug Services***



### Conclusion

It is concerning that as many as a quarter of HFP children may need mental health services, yet even when the number of children ages 13 to 17 years of age who are receiving SED services is added to the HEDIS data for children of the same age, the HFP number of children receiving mental health services is still well below this estimate.

Mental health is a fundamental component of a child's overall health, social and emotional development and success in school and life. This report and recent studies on the need for mental health services indicate that there is a need for widespread use of screening tools to identify children that need mental health services and to ensure they receive the appropriate care. Early identification and intervention will minimize the negative impacts on children so that they can be successful in all areas of their life.

## Plan Provided Mental Health Services

**Table 1. Plan Provided Mental Health Services as a Percentage of Total Enrollment, 2007-08 through 2010-11**

Health Plan Name	2007-08	2008-09	2009-10	2010-11
Anthem Blue Cross EPO and HMO	2.4%	0.3%	0.2%	3.5%
Community Health Group	2.8%	2.9%	2.8%	3.5%
Inland Empire Health Plan	3.1%	3.9%	2.5%	3.5%
Kaiser Foundation Health Plan*	6.0%	6.4%	3.6%	3.4%
Blue Shield EPO and HMO	2.5%	2.3%	2.9%	2.9%
Partnership Health Plan	N/P	N/P	N/P	2.7%
CenCal Health	1.0%	0.4%	0.1%	2.6%
Health Net EPO and HMO	1.9%	N/P	2.0%	2.5%
San Francisco Health Plan	0.0%	4.3%	5.5%	2.4%
Santa Clara Family Health Plan	1.2%	1.6%	3.3%	2.3%
Contra Costa Health Plan	1.0%	1.8%	2.3%	2.2%
Health Plan of San Mateo	0.0%	1.0%	2.3%	2.2%
Ventura County Health Care Plan	2.2%	1.6%	0.2%	2.2%
Kern Family Health System	0.9%	2.1%	1.6%	2.2%
Cal Optima for Kids	1.6%	1.4%	1.6%	2.0%
Alameda Alliance for Health	1.0%	0.9%	0.0%	1.8%
Molina Healthcare	3.1%	2.2%	2.0%	1.7%
Health Plan of San Joaquin	0.0%	1.0%	1.0%	1.1%
Central California Alliance for Health	2.1%	1.4%	0.8%	0.5%
Community Health Plan	0.5%	0.6%	2.3%	0.4%
Care 1st Health Plan	N/P	0.2%	0.2%	0.2%
LA Care	0.0%	0.5%	1.0%	0.1%
<b>Total</b>	<b>2.7%</b>	<b>1.9%</b>	<b>1.9%</b>	<b>2.8%</b>

N/P = Not Provided

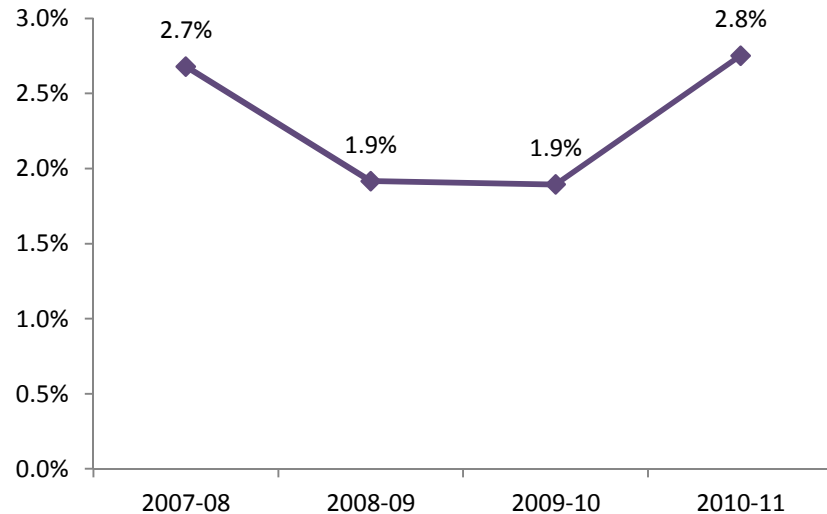
**Note:** Partnership Health Plan was not a HFP participating plan, so no data was reported until 2010-11.

Children enrolled in Kaiser Foundation Health Plan receive treatment for a SED condition within the Kaiser system and are not referred to the county. The number and percentage indicated in Table 1 represents all mental health services, including services to treat a SED condition.

### Key Findings:

- ❖ Of the 871,691 children under age 19 enrolled in HFP during the 2010-11 benefit year, the health plans provided mental health services to 23,985 children. This includes services for non-SED conditions and for the treatment of a SED condition while a child is waiting for a determination from the county.
- ❖ Four health plans provided mental health services to more than three percent of HFP enrollees during the 2010-2011 benefit year:
  - Anthem Blue Cross (EPO & HMO)
  - Community Health Group
  - Inland Empire Health Plan
  - Kaiser Foundation Health Plan
- ❖ Analysis of trends in plan provided mental health services shows significant variation from year to year in some plans, which could be an indication of the challenges that some plans have in collecting and reporting on mental health services.
- ❖ Kaiser Foundation Health Plan has historically provided mental health services at nearly twice the rate of all other plans, likely do to the fact that Kaiser does not refer children with an SED condition to the county. However, it is concerning that over the last two years, the number of children receiving mental health services through Kaiser has dropped nearly in half and Kaiser is no longer providing the most mental health services.

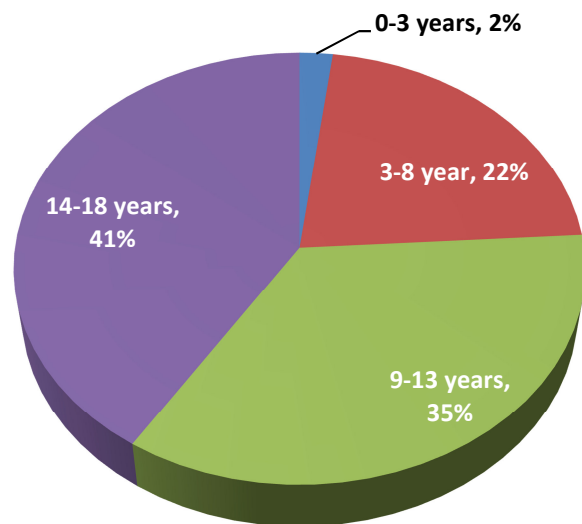
**Chart 3. Mental Health Services Provided by Health Plans as a Percentage of Total Enrollment**



### Key Findings:

- ❖ The health plans provided mental health services to approximately three percent (2.8%) of children enrolled during the 2010-11 benefit year, an increase of nearly one percent from the prior two years. However, this is comparable to 2007-08.
- ❖ The majority (76%) of basic mental health services were provided to children over the age of nine.

**Chart 4. Mental Health Services By Age Group**



**Table 2. SED Referrals from All Sources**

Plan Name	Total SED Plan Referrals	Total SED Other Referrals	All Sources	Total Number Approved	Total Percent Approved
San Francisco Health Plan	75	0	75	75	100.0%
Contra Costa Health Plan	68	0	68	68	100.0%
Health Plan of San Mateo	55	0	55	55	100.0%
Santa Clara Family Health Plan	171	0	171	161	94.2%
Molina Healthcare	3	32	35	31	88.6%
Cal Optima for Kids	6	63	69	59	85.5%
Community Health Group	48	9	57	48	84.2%
Anthem Blue Cross EPO and HMO	70	520	590	484	82.0%
Care 1st Health Plan	28	1	29	22	75.9%
Health Plan of San Joaquin	141	115	256	190	74.2%
Inland Empire Health Plan	37	55	92	65	70.7%
Alameda Alliance for Health	6	0	6	4	66.7%
Health Net EPO and HMO	234	203	437	243	55.6%
Blue Shield EPO and HMO	104	46	150	73	48.7%
Community Health Plan	10	6	16	7	43.8%
CenCal Health	7	4	11	4	36.4%
Ventura County Health Care Plan	6	1	7	1	14.3%
Central California Alliance for Health	9	0	9	1	11.1%
Kern Family Health Care	29	0	29	0	0.0%
L.A. Care	7	0	7	0	0.0%
Partnership Health Plan	1	0	1	0	0.0%
<b>Total</b>	<b>1,115</b>	<b>1,055</b>	<b>2,170</b>	<b>1,591</b>	<b>73.3%</b>

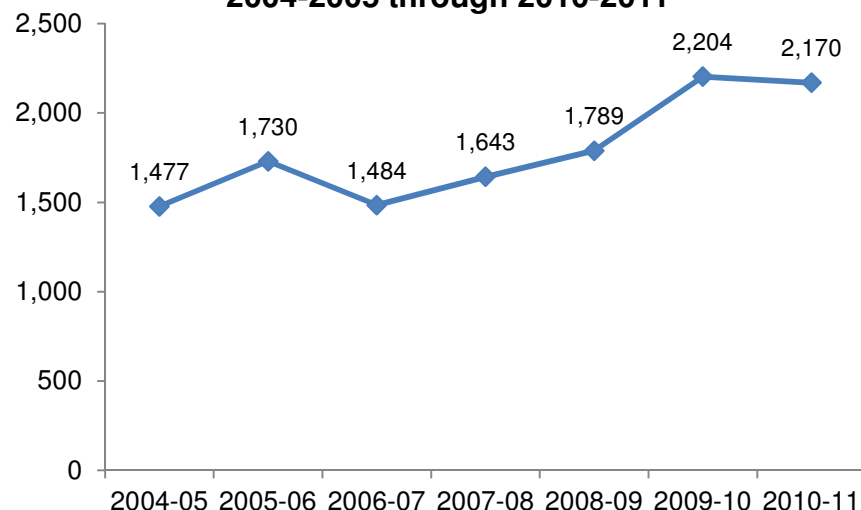
### Key Findings:

- ❖ Of the 871,691 HFP enrolled children, 2,170 were referred to the counties for a SED assessment.
- ❖ A little over half (51.4%) of the referrals came from the health plans, their contractors or providers and the remainder came from other sources, such as juvenile justice systems, schools, or self-referrals.
- ❖ Of the 2,170 children referred to the counties for a SED assessment, nearly three-quarters (73.3%) were approved.
- ❖ Three health plans had an approval rate of 100 percent:
  - San Francisco Health Plan
  - Contra Costa Health Plan
  - Health Plan of San Mateo

Appendix A contains information on referrals as a percentage of total HFP enrollment.



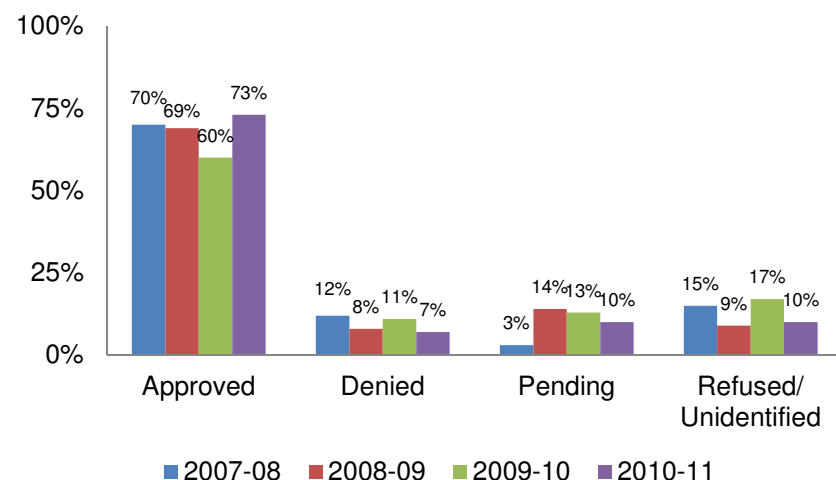
**Chart 5. Total Number of Referrals,  
2004-2005 through 2010-2011**



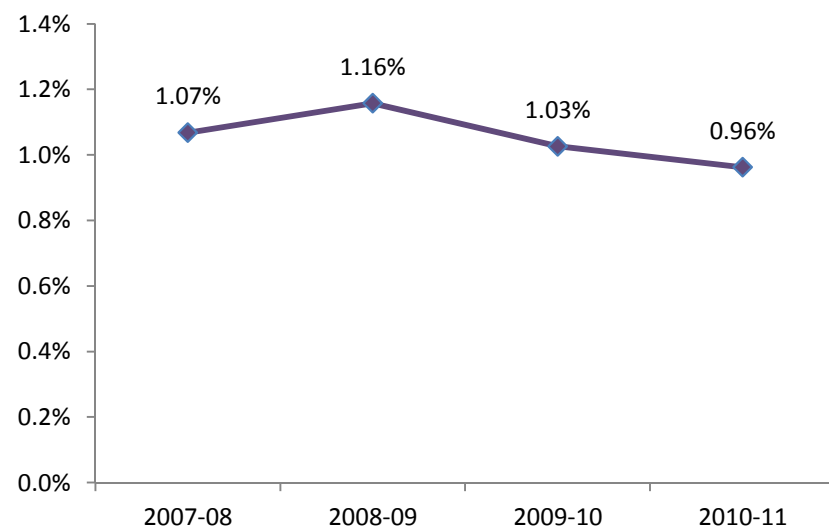
### Key Findings:

- ❖ The total number of children referred to the county for a SED assessment has increased for the most part over the last seven years. However, referrals account for less than one percent of enrolled children.
- ❖ The percentage of referrals approved by the county increased in 2010-11, with nearly three-quarters receiving approval. This is a significant increase from the prior benefit year when only 60 percent were approved.

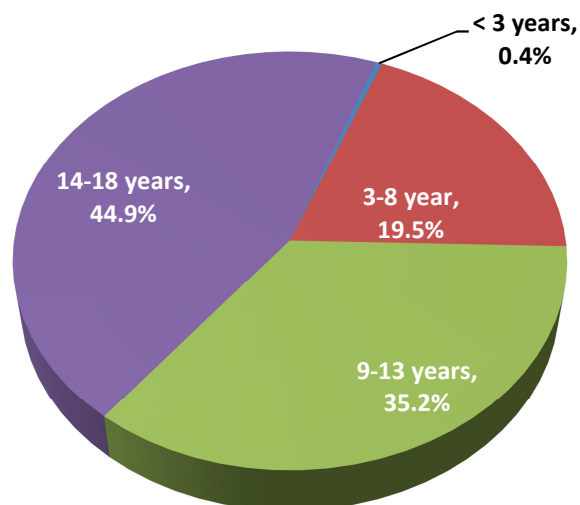
**Chart 6. Referral Status,  
2007-08 through 2010-2011**



**Chart 7. SED Caseload,  
2007-08 through 2010 - 2011**



**Chart 8. SED Caseload By Age Group**



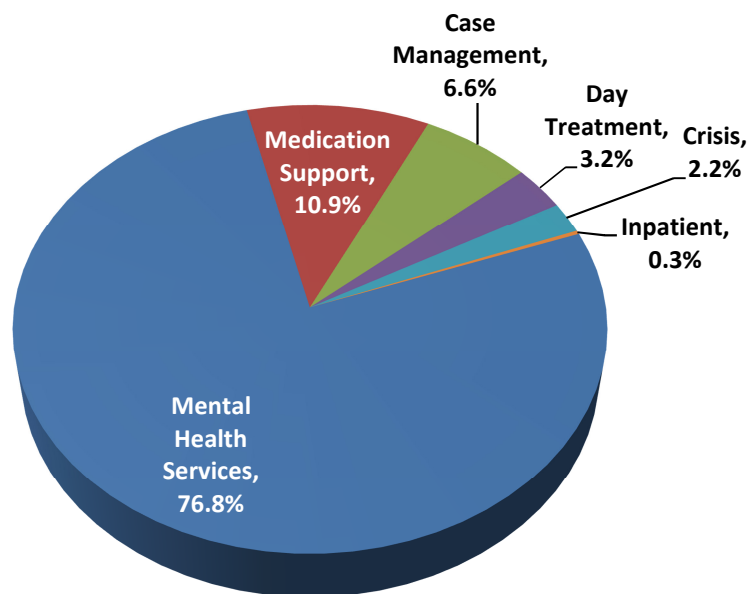
### Key Findings:

- ❖ During the 2010-11 benefit year, 8,388 children, or about one percent of total HFP enrolled children, received services for a SED condition.
- ❖ The number of children receiving services from the counties for a SED condition steadily increased from 2004 to 2009, peaking in the 2008-09 benefit year with over 10,000 children receiving services. This was also the year when HFP enrollment peaked with over 920,000 children enrolled in the program.
- ❖ The majority (80.1%) of children receiving services for a SED condition are over the age of nine.

**Chart 9. Total Expenditures,  
2007-08 through 2010-11**



**Chart 10. Expenditures by Service Type**



### Key Findings

- ❖ Total annual expenditures for HFP children treated for a SED condition has declined over the last few years, with expenditures at the lowest level in 2010-11.
- ❖ The average cost per case has remained fairly constant over the last few years. The average cost per case in 2010-11 was \$3,427, a slight increase from 2009-10 when the average cost was \$3,360.
- ❖ Total expenditures in 2010-11 was \$29 million, with the majority (76.8%) spent on mental health services. Mental Health Services include assessment, evaluation, therapy, and rehabilitation services to reduce mental disability, as well as restore and enhance self-sufficiency.
- ❖ Medication Support, the second largest expenditure category, accounted for about 11 percent (10.9%) of expenditures. This does not include the cost of prescription drugs, but includes prescribing activities, administration, dispensing and monitoring of psychiatric medication or biologicals to alleviate the symptoms of mental illness.
- ❖ Case Management, the third largest expenditure category, accounted for about seven percent (6.6%) of total expenditures. Case Management includes activities provided by county program staff to access medical, educational, social, prevocational, vocational, rehabilitative, or other needed community services.
- ❖ The remaining three service categories, Intensive Day Treatment, Crisis Intervention Services and Inpatient Services, combined account for less than six percent (5.7%) of annual expenditures.
- ❖ Inpatient services, which includes adult residential treatment services and psychiatric inpatient services, accounts for less than one percent (0.3%) of total expenditures. However, adult residential services only apply to a small number of HFP children who are 18 years of age.

## Appendix A. Plan Referrals for SED Assessment by Source

HFP Participating Plan	Total HFP Members	Plan Referrals		Other Source Referrals		Total Referrals (All Sources)		Referrals Approved	
		Number	Percent of Plan Enrollment	Number	Percent of Plan Enrollment	Number	Percent of Plan Enrollment	Number	Percent of Referrals Approved by Counties
Alameda Alliance for Health	10,869	6	0.06%	0	0.00%	6	0.06%	4	66.7%
Anthem Blue Cross EPO and HMO	194,938	70	0.04%	520	0.27%	590	0.30%	484	82.0%
Blue Shield EPO and HMO	34,993	104	0.30%	46	0.13%	150	0.43%	73	48.7%
Cal Optima for Kids	37,734	6	0.02%	63	0.17%	69	0.18%	59	85.5%
Care 1st Health Plan	12,563	28	0.22%	1	0.01%	29	0.23%	22	75.9%
CenCal Health	8,760	7	0.08%	4	0.05%	11	0.13%	4	36.4%
Central California Alliance for Health	22,500	9	0.04%	0	0.00%	9	0.04%	1	11.1%
Community Health Group	24,644	48	0.19%	9	0.04%	57	0.23%	48	84.2%
Community Health Plan	13,432	10	0.07%	6	0.04%	16	0.12%	7	43.8%
Contra Costa Health Plan	5,196	68	1.31%	0	0.00%	68	1.31%	68	100.0%
Health Net EPO and HMO	137,755	234	0.17%	203	0.15%	437	0.32%	243	55.6%
Health Plan of San Joaquin	24,859	141	0.57%	115	0.46%	256	1.03%	190	74.2%
Health Plan of San Mateo	6,035	55	0.91%	0	0.00%	55	0.91%	55	100.0%
Inland Empire Health Plan	58,212	37	0.06%	55	0.09%	92	0.16%	65	70.7%
Kaiser Foundation Health Plan	184,885	0	0.00%	0	0.00%	0	0.00%	0	0.0%
Kern Family Health System	11,050	29	0.26%	0	0.00%	29	0.26%	0	0.0%
L.A. Care	11,268	7	0.06%	0	0.00%	7	0.06%	0	0.0%
Molina Healthcare	34,812	3	0.01%	32	0.09%	35	0.10%	31	88.6%
Partnership Health Plan	1,105	1	0.09%	0	0.00%	1	0.09%	0	0.0%
San Francisco Health Plan	7,474	75	1.00%	0	0.00%	75	1.00%	75	100.0%
Santa Clara Family Health Plan	17,624	171	0.97%	0	0.00%	171	0.97%	161	94.2%
Ventura County Health Care Plan	10,983	6	0.05%	1	0.01%	7	0.06%	1	14.3%
<b>Total</b>	<b>871,691</b>	<b>1,115</b>	<b>0.1%</b>	<b>1,055</b>	<b>0.1%</b>	<b>2,170</b>	<b>0.2%</b>	<b>1,591</b>	<b>73.3%</b>

Note: Plan Referrals include referrals submitted by HFP health plans, providers and plan contractors. Other Source Referrals include referrals from schools, juvenile justice, self-referrals, etc.